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CONFIRMATION NO. 5478

<b>SERIAL NUMBER</b> 10/786,505	<b>FILING OR 371(c) DATE</b> 02/25/2004 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1652	<b>ATTORNEY DOCKET NO.</b> 15060-42
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/618,623 07/18/2000 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 61	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 26
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

Calcium independent phospholipase A2upsilon polynucleotides and polypeptides and methods therefor

<b>FILING FEE RECEIVED</b> 1691	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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